

Finance Office
 College Hall, Room 108
 Phone/tty 202 651-5299
 Fax 202 448-6920

Gallaudet University Check Request

Today's Date		OPTIONAL tracking number-up to 8 characters	
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PAY TO:

Payee					
Address					
City		State		Zip Code	
Social Security # (if payee is an individual)					

DESCRIPTION	AMOUNT
TOTAL	

CHARGE TO:

Department	Expense Account	Amount	Department	Expense Account	Amount

Requested By	Signature:	Telephone		Date	
	Print:				

APPROVED BY: **Signature:** _____ **DATE:** _____

Print: _____

Check requests must be approved in accordance with policy 2.02. Appropriate documentation must be attached.

Special Instructions:

- U.S. resident
- International resident
- EFT (attach appropriate paperwork for new account set-up)
- Payment to this invoice only
- Combine with other payments
- Mail Check (please provide current address)
- Pick up at Cashier's Office
- Hold check with these special instructions

FINANCE OFFICE USE ONLY

Approved by: _____ Vendor: _____ Voucher: _____